



Newtown  
COMMUNITY CENTER

# Membership Cancellation & Hold Form

## Current Primary Member Information

First Name:  Mid Int:  Last Name:   
Birthdate:  Phone Number:   
E-mail Address:   
Address:   
City:  State:  Zip:

## Please Tell Us Your Reason for Canceling

Financial ☐ Relocation ☐ Location no longer convenient ☐ Medical or Health ☐  
Insufficient usage ☐ Unsatisfactory service ☐ Schedule conflict ☐ Other ☐  
Comments:

*\*Please return completed form to NCC or email [jessica.marion@newtown-ct.gov](mailto:jessica.marion@newtown-ct.gov)*

*\*Please return key tags for all cancellations to the Welcome Desk*

## Membership Hold (Memberships can be placed on hold for up to 4 months)

How many months?  Restart Month:  Reason:   
Member Signature:  Date:

*All membership holds and terminations require a 30 day written notice*

## For Office Use Only

Restart Date:  Final Date of Membership:   
Date Processed:  Full Name: